



## Complete Summary

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### TITLE

Advanced chronic kidney disease (CKD): percent of patients who have been referred for a transplant evaluation.

### SOURCE(S)

Renal Physicians Association. Appropriate patient preparation for renal replacement therapy. Rockville (MD): Renal Physicians Association; 2002 Oct 1. 78 p. (Clinical Practice Guideline; no. 3).

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of patients who have been referred for a transplant evaluation among patients with advanced chronic kidney disease (CKD), who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the United Network for Organ Sharing (UNOS) criteria for transplant candidacy.

### RATIONALE

Utilizing conventional criteria for the initiation of renal replacement therapy (RRT), such as congestive heart failure, malnutrition, acidosis or uremia, can lead to patients being treated only when they have already suffered irreversible cumulative complications from chronic kidney disease (CKD). It is therefore imperative to properly time the initiation of RRT in order to minimize morbidity and mortality. The role of patient factors such as therapeutic preferences is also considered especially important in timing, initiation, and choice of modality of RRT.

Transplantation as the first mode of RRT results in better graft survival and decreased mortality. A study has concluded that patient survival is better for patients not dialyzed than those dialyzed, regardless of the type of kidney donor. Another study has also determined that the duration of dialysis is positively associated with the occurrence of acute rejection.

As reflected in the United Network for Organ Sharing (UNOS) Ethics Committee recommendations, transplant candidate criteria are required because there is a shortage of available organs for transplantation. The probability of a good outcome must be highly emphasized to achieve the maximum benefit for all transplants, and therefore the best potential recipients should be identified.

Transplant requires a well-prepared patient. Therefore it may be beneficial to anticipate and prepare for an early transplant. However, renal transplant may not be the best choice for all patients and a transplant evaluation may be wasteful for those who choose not to be transplanted or are considered to be at excessive surgical risk, or are highly likely to have a failed transplant.

#### PRIMARY CLINICAL COMPONENT

Advanced chronic kidney disease; kidney transplant; evaluation

#### DENOMINATOR DESCRIPTION

The number of adult patients with advanced chronic kidney disease (CKD) not currently receiving renal replacement therapy who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the United Network for Organ Sharing (UNOS) criteria for transplant candidacy

#### NUMERATOR DESCRIPTION

The number of patients from the denominator who have been referred for a transplant evaluation

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

A systematic review of the clinical literature

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Appropriate patient preparation for renal replacement therapy.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Pilot testing

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Adult patients 18 years and older with advanced chronic kidney disease (CKD) who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the United Network for Organ Sharing (UNOS) criteria for transplant candidacy

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Adult patients age 18 years and older with chronic kidney disease stage 4 or 5 (glomerular filtration rate [GFR] less than or equal to 30 mL/min/1.73 m<sup>2</sup>), not currently receiving renal replacement therapy, who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the United Network for Organ Sharing (UNOS) criteria\* for transplant candidacy

\*The UNOS Ethics Committee recommends that several factors be considered in assessment for transplant candidates. These include:

- Substantially shortened life expectancy (with successful transplant)
- Organ failure caused by behavior
- Poor adherence to treatment
- Previous transplantation
- Availability of alternative medical or surgical procedures

Exclusions  
See above.

#### NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions  
The number of patients from the denominator who have been referred for a transplant evaluation

Exclusions  
Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Episode of care

#### DATA SOURCE

Administrative data  
Laboratory data  
Medical record  
Patient survey

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Number of patients who have been referred for a transplant evaluation / number of patients with advanced CKD, who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the UNOS criteria for transplant candidacy.

#### MEASURE COLLECTION

[Renal Physicians Association Clinical Performance Measures on Appropriate Patient Preparation for Renal Replacement Therapy](#)

#### MEASURE SET NAME

[Renal Physicians Association Clinical Performance Measures for Timing of Renal Replacement Therapy Recommendations](#)

#### DEVELOPER

Renal Physicians Association

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2002 Oct

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

Renal Physicians Association. Appropriate patient preparation for renal replacement therapy. Rockville (MD): Renal Physicians Association; 2002 Oct 1. 78 p. (Clinical Practice Guideline; no. 3).

#### MEASURE AVAILABILITY

The individual measure, "Number of patients who have been referred for a transplant evaluation / number of patients with advanced CKD, who are willing for a transplant, do not have an unacceptable level of surgical risk, and satisfy the UNOS criteria for transplant candidacy," is published in "Renal Physicians Association Clinical Practice Guideline #3: Appropriate Patient Preparation for Renal Replacement Therapy."

For more information, contact RPA at 1700 Rockville Pike, Suite 220, Rockville, MD 20852; phone: 301-468-3515; fax: 301-468-3511; Web site: [www.renalmd.org](http://www.renalmd.org); e-mail: [rpa@renalmd.org](mailto:rpa@renalmd.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on May 23, 2003. The information was verified by the Renal Physicians Association on June 17, 2003.

#### COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

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